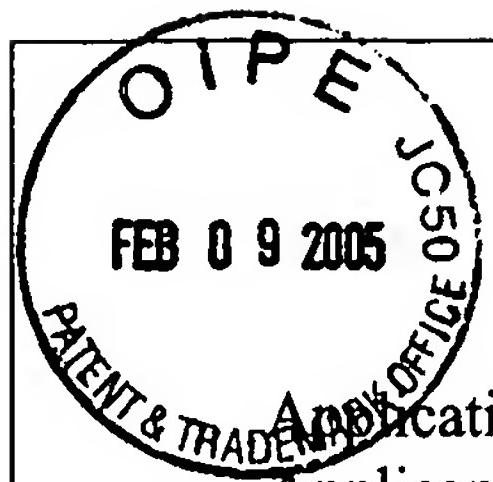


02-11-05

IFW / B



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/708,718 Confirmation No. 2717  
Applicant: Paul R. Hickert  
Filed: 03/19/2004  
TC/A.U. 3754  
Examiner Joseph A. Kaufman  
  
Docket No. : 1480.01  
Customer No. : 21,901  
For : Air Barrier Device for Protecting Liquid Fluids in  
Opened Containers

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RULE 312 AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment after Notice of Allowance for this application.

**STATUS**

- Applicant is an independent inventor. A statement was already filed.

**EXTENSION OF TERM**

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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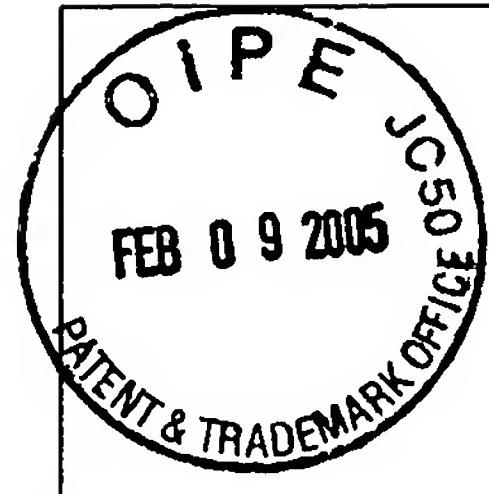
**CERTIFICATE OF MAILING**  
(37 C.F.R. 1.10)

I HEREBY CERTIFY that this Rule 312 Amendment, including Introductory Comments, Amendments to the Specification, Amendments to the Drawings and Remarks, is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV624411470US, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 9, 2005.

Dated: February 9, 2005

Deborah Preza

(Amendment Transmittal—page 1)



## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 7	Minus 62	= 0	x \$25 =	\$0
Indep. 4	Minus 14	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim		+ \$180 = \$0		
		Total		
		Addit. Fee		\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

SIGNATURE OF PRACTITIONER

Reg. No. 28,761

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